## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: Shalf 2 Serial/Patent #				
3 Please refund the following/fee(s):		4 PAPER NUMBER	5 DATE / FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal		//	\$
4	Petition	5	1/18/14	\$ 551
	Issue		/ / /	\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT S		
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment	C	redit Dep	osit A/C #:
	Duplicate Payment	9		
	No Fee Due (Explanation):			
1.(8)				
11 REFUND REQUESTED BY: DO DANA				
TYPED/PRINTED NAME: TITLE:				
SIGNATURE: PHONE: 1990				
office: Ref				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: DATE: 5/29/14				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B